

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No. 5649-1267

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **INTEGRATED CIRCUIT DEVICES INCLUDING AN INTAGLIO PATTERN AND METHODS FOR FABRICATING THE SAME** the specification of which

is attached hereto

OR

was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56, including material information that became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

| | | | |
|------------|---------|------------------|---|
| 2003-13120 | Korea | 03/03/2003 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed |
| | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Number | Country | MM/DD/YYYY Filed | Priority Claimed |

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

| | |
|-----------------------|--------------------------|
| None | |
| Application Number(s) | Filing Date (MM/DD/YYYY) |
| | |
| Application Number(s) | Filing Date (MM/DD/YYYY) |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America, listed below.

| | | |
|-------------------|-------------|--------------------------------------|
| None | | |
| Appln. Serial No. | Filing Date | Status Patented/Pending/Abandoned |
| | | |
| Appln. Serial No. | Filing Date | Status Patented/Pending/Abandoned |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. I also appoint the following registered attorney(s) to represent me before all competent International Authorities in connection with any and all international applications filed by me with an appropriate receiving office claiming priority to the U.S. application. I also appoint the following registered attorney(s) to make or receive payment on my behalf in connection with the filing of such international applications.

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